

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39749
STATE FILE NUMBER

FILED DEC 3- 1957

Registration District No.

96

Primary Registration District No.

6290

Registrar's No.

92

1. PLACE OF DEATH a. COUNTY <u>DALLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>S. Benton</u>		c. CITY OR TOWN <u>BUFFALO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELKland, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>4 mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Foster</u> Last <u>Gaunt</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>22</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 6, 1872</u>
9. AGE (In years last birthday) <u>85</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		12. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
13a. FATHER'S NAME <u>Sack Gaunt</u>		13b. MOTHER'S MAIDEN NAME <u>Axona Deerhart</u>	
14. NAME OF HUSBAND OR WIFE <u>Lydia Gaunt</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Pamsey Richardson Buffalo, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Atheroma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year <u>—</u> a.m. <u>—</u> p.m. <u>—</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Oct. 30, 1957</u> to <u>Nov. 22, 1957</u> and last saw him alive on <u>Nov. 15, 1957</u>		Death occurred at <u>7:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Joseph G. Bennett, D. O.</u>		22b. ADDRESS <u>Buffalo, Missouri</u>	
22c. DATE SIGNED <u>11/25/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11/24/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Travis Grove</u>	
23d. LOCATION (City, town, or county) <u>Dallas County, Mo.</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Montgomery Funeral Home Buffalo, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12/2/57</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs Grace Petree</u>		by <u>GP</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clyde Montgomery*

Licensed Embalmer No. *2592*

P. O. Address *Buffalo, Ind.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.